AMENDED
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-24-2008 90016 048 ***138.75

30008664

DOCUMENT # L07000107569

1. Entity Name
VILLA SAN MICHELE, LLC

Principal Place of Business
~~416 NORTH ADAMS STREET~~
~~TALLAHASSEE, FL 32301~~

Mailing Address
~~416 NORTH ADAMS STREET~~
~~TALLAHASSEE, FL 32301~~

04172008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
1694 Baldwin Park
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2535
Suite, Apt. #, etc.

City & State: TALLAHASSEE, FL
Zip: 32304 Country: Leon

City & State: TALLAHASSEE, FL
Zip: 32316 Country: Leon

4. FEI Number: 20-3996003 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONI, STEVEN M
416 NORTH ADAMS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM ☐ Delete
NAME	LEONI, STEVEN M
STREET ADDRESS	416 NORTH ADAMS STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Member MGRM ☐ Change ☒ Addition
NAME	PETER S. ROSEN
STREET ADDRESS	416 N. ADAMS Street
CITY-ST-ZIP	Tallahassee, Fla 32301
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/22/08 850-580-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #